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PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

Approved for use through 09/30/2007. GPO 009-000

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) SNS-016																														
Application Number	10/697,174	Filed October 30, 2003																														
<b>For APPARATUS AND METHODS FOR STENCILING AN IMAGE</b>																																
Art Unit 2628	Examiner Amin, Jwalant B.																															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;"></th> <th style="text-align: center; padding: 5px;"><u>Fee</u></th> <th style="text-align: center; padding: 5px;"><u>Small Entity Fee</u></th> <th style="text-align: right; padding: 5px;">\$</th> <th style="text-align: right; padding: 5px;">60.00</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center; padding: 5px;">\$120</td> <td style="text-align: center; padding: 5px;">\$60</td> <td style="text-align: right; padding: 5px;">\$</td> <td style="text-align: right; padding: 5px;">60.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center; padding: 5px;">\$450</td> <td style="text-align: center; padding: 5px;">\$225</td> <td style="text-align: right; padding: 5px;">\$</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center; padding: 5px;">\$1020</td> <td style="text-align: center; padding: 5px;">\$510</td> <td style="text-align: right; padding: 5px;">\$</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center; padding: 5px;">\$1590</td> <td style="text-align: center; padding: 5px;">\$795</td> <td style="text-align: right; padding: 5px;">\$</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center; padding: 5px;">\$2160</td> <td style="text-align: center; padding: 5px;">\$1080</td> <td style="text-align: right; padding: 5px;">\$</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to          Deposit Account Number <u>07-1700</u>. I have enclosed a duplicate copy of this sheet.       </p>				<u>Fee</u>	<u>Small Entity Fee</u>	\$	60.00	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	60.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	_____
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<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.          Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,002</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="text-align: center; margin-top: 10px;">Registration number if acting under 37 CFR 1.34 <u>William R. Haulbrook</u></p> <p style="text-align: center; margin-top: 10px;">Signature</p> <p style="text-align: center; margin-top: 10px;">William R. Haulbrook</p> <p style="text-align: center; margin-top: 10px;">Typed or printed name</p> <p style="text-align: right; margin-top: 10px;">April 4, 2007</p> <p style="text-align: right; margin-top: 10px;">Date</p> <p style="text-align: right; margin-top: 10px;">(617) 570-1013</p> <p style="text-align: right; margin-top: 10px;">Telephone Number</p>																																
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p>Total of <u>1</u> forms are submitted.</p>																																

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Total of 1 forms are submitted.

ANSWER

(617) 570-1013

Date

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